## PART B - FEE(S) TRANSMITTAL Complete and send the form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents SOUS e S HUL P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS: This for capould be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All further correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission. 023720 05/24/2005 7590 WILLIAMS, MORGAN & AMERSON, P.C. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below. 10333 RICHMOND, SUITE 1100 HOUSTON, TX 77042 09477164 06/30/2005 MBERHE1 00000071 010365 NANCY NOLAN 01 FC:1501 1400.00 DA (Signat ani (D 0 FIRST NAMED INVENTOR APPLICATION NO. FILING DATE ATTORNEY DOCKET NO. CONFIRMATION NO. 09/477,164 01/05/2000 JORG BOROWSKI 8780 A72204US TITLE OF INVENTION: DIGITAL CORRECTION METHOD AND SYSTEM APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE NO \$1400 \$0 \$1400 08/24/2005 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** CHANG, EDITH M 2637 375-148000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 WILLIAMS MORGAN (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. & AMERSON, P.C. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

| ADVANCED MICRO DEVICES, INC.   | AUSTIN, TEXAS   |
|--|---|
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